

FORM LM-30
LABOR ORGANIZATION OFFICER AND
EMPLOYEE REPORT

This report is mandatory under P.L. 88-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 438 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number <u>11892</u>	2. Fiscal Year Covered From: <u>11/1/2004</u> Through <u>12/31/2004</u>
3. Name and address of person filing.	
Name <u>Paul D Lunney</u>	Name <u>Sprinkler Fitters Local Union 676</u>
P.O. Box, Bldg., Room No., if any	Labor Organization File Number <u>670874</u>
Street <u>81 Market Square</u>	P.O. Box, Building and Room Number, if any
City <u>Newington</u>	Street <u>81 Market Square</u>
State <u>Connecticut</u>	City <u>Newington</u>
ZIP Code + 4 <u>06111-2919</u>	State <u>Connecticut</u>
ZIP Code + 4 <u>06111-2919</u>	
5. Position in labor organization. <u>Business Agent</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income. Name _____ Trade Name, If any _____ P.O. Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____
7.b. Amount. _____	

Signature

16. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

on 08/15/2005

Date

860-666-4447

Telephone Number

Name of Person Filing	Paul D Lunney	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name: Natl. Auto Sprinkler Apprentice Fund of N.Y.

Trade Name, if any:

P.O. Box, Bldg., Room No., if any: P.O. Box 1987

Street:

City: Gaffney

State: South Carolina ZIP Code + 4: 29342-1987

9. Business deals with:

- a. Labor Organization
- b. Trust
- c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name:

Trade Name, if any:

P.O. Box, Bldg., Room No., if any:

Street:

City:

State: ZIP Code + 4:

11.a. Nature of such dealing.

Provides administration of apprentice training program

11.b. Approximate dollar value of such dealing. \$110,000

12.a. Nature of interest held or income received.

Dinner at Monthly Committee Meetings

12.b. Amount. \$529.00

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name:

Trade Name, if any:

P.O. Box, Bldg., Room No., if any:

Street:

City:

State: ZIP Code + 4:

14.a. Nature of payment.

13.b. Is the Business an Employer or Consultant?

14.b. Amount of payment.